Below are several recent e-news items that may be of interest.

Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. In some cases you may need legal opinions and/or decision documentation when interpreting the rules.

Many thanks to all who contributed to this information!!!
Have a great day!!!
Ken

Items included below are:

- Checklist for Initial Security Awareness (see attachment)
- Clearinghouses and Translators
- Governing Magazine/September 2001
- Federal DHHS Answers to Common Questions
- HIPAA Implementation Newsletter at http://lpf.com/hipaa
- [hipaalert] HIPAALERT, Vol. 2, No. 11, Sept. 14, 2001 (See attachment)
- "Medicaid HIPAA Plus" (see attachment)

********** checklist for initial security awareness **********
>>> Samantha Thomas <SThomas@CalSTRS.ca.gov> 08/28/01 01:07PM >>>
..... It's a checklist for initial security awareness training sessions developed with the help of health information expert Tom Hanks (whom we've all been reading regularly) for the Health Information Compliance Insider publication. Again, this is the security piece - it assumes that in a separate session the privacy training will be conducted.
Samantha Thomas
CISO, CalSTRS
(916) 229-4665

********** Clearinghouses and Translators **********
The topic of clearinghouses and translators will become more interesting as we have people consider alternatives for their processes. A good document for reference is: http://www.dmh.cahwnet.gov/HIPAA/private/docs/Translators-vs-Clearinghouses-final.pdf

The state has not indicated that there is any favored package, vendor or alternative for any state agency, program or application. Each process needs to be reviewed with all potential alternatives considered for their specific program, application and environment.

********** Governing Magazine/September 2001 **********
>>> "Dell'Agostino, Bob@HHSDC" <Bdellago@HHSDC.CA.GOV> 09/07/01 04:17PM >>>

Governing Magazine/September 2001 has an interesting article: TECHNOLOGY BRIEFING SPREADING THE WORD ON HIPAA

They note efforts in Washington State and their Washington Internet Web site. They also note a Web site at www.hipaagives.org that more than half the states participate with a forum for resolving issues. The article is at the website: http://governing.com

********** Federal DHHS Answers to Common Questions **********

Federal DHHS Answers to Common Questions are posted at:
http://aspe.hhs.gov/admnsimp/qdate01.htm
You may find this to be a good source for HIPAA information.

Below is an except of the topics at the site:

Questions Submitted by the Public, by Date Posted to the Website

Show Questions by Topic

updated 8/27/2001

Required level of service for batch/real time transactions (8/27/2001)
Parties to transaction use same clearinghouse (8/27/2001)
Retaining maximum field lengths in transactions (8/27/2001)
Maximum field lengths in legacy systems (8/27/2001)

Networks, business associates as clearinghouses (11/22/2000, updated 12/7/2000, replaced 7/7/2001)

Data content for direct data entry (DDE) systems (7/1/2001)
Web-based transactions, DDE vs. regular transactions (7/1/2001)
When entities must conduct the standard transaction (7/1/2001)
Providing additional information to standard transactions (7/1/2001)
When a PPO is/is not a covered entity (7/1/2001)
Minimum Data Set (MDS) reports by long-term care facilities (7/1/2001)
When a third-party administrator (TPA) is/is not a covered entity (7/1/2001)
Non-federal-government, not-for-profit, self-funded health plans (7/1/2001)
Networks, business associates as clearinghouses (7/1/2001, replaced 7/7/2001)
Health plans offering both batch and real-time transactions (7/1/2001)
Applicability to State-licensed dental HMOs (7/1/2001)
Internet inquiry and response systems (7/1/2001)
Data content and format for direct data entry (7/1/2001)
No HIPAA definition for "attending physician" (7/1/2001)
Small health care providers (7/1/2001)
Maximum allowable transmission size of an X12N transaction (7/1/2001)
Measuring annual receipts to define a "small" health plan (7/1/2001)

Standard code sets for service prior to 10/16/2002 (6/4/2001)

Compliance date in New Jersey (5/24/2001)
Support for batch and interactive submissions (2/1/2001; removed 5/24/2001)

Referral authorization in shared information systems (5/14/2001, revised 5/16/2001)

Enrollment transaction between self-insured employer and third-party administrator (5/14/2001)
Line maximums and split claims (5/14/2001)
Encounter transaction in shared information systems (5/14/2001)

Early implementation between business partners (2/1/2001)
CHAMPUS in 837 Implementation Guide (2/1/2001)
Format for real-time transactions (2/1/2001)
Distinction between health plan and clearinghouse (2/1/2001)
Types of eligibility requests (2/1/2001)
Future of XML transactions (2/1/2001)
Nursing homes (2/1/2001)
Handheld devices (2/1/2001)
Maximum dataset and direct data entry (2/1/2001)
Electronic funds transfer vs. checks (2/1/2001)
Choose the right 837 Implementation Guide (2/1/2001)
No relationship with Federal health programs (2/1/2001)
Behavioral health care regulations and HIPAA (2/1/2001)

Local codes in dental transactions (12/28/2000)
Self-insured plans and third-party administrators (12/28/2000)
Access to HIPAA-QUESTIONs (12/28/2000)
Number of transactions per transmission (12/28/2000)
Faxed transmissions (12/28/2000)

Networks, business associates as clearinghouses (11/22/2000, updated 12/7/2000, replaced 7/7/2001)
Code sets named in Implementation Guides (12/7/2000)
Professional liability insurer (12/7/2000)
NDC codes in HCFA 1500 (12/7/2000)
Definition of health care provider (12/7/2000)
Process for adopting new code sets under HIPAA (12/7/2000)
Data content in direct data entry processes (12/7/2000)

Networks, business associates as clearinghouses (11/22/2000, updated 12/7/2000, replaced 7/7/2001)
Business partners of business partners (11/22/2000)
Multiple Employer Welfare Plans (11/22/2000)
Definition of small health plan (11/22/2000)

Relationship to HCFA 1500 (11/1/2000)

Please share the address of my Web site was widely as you think it will be useful. The more people we have working on HIPAA and sharing what we learn, the better job we will do and the less it will cost. There is an awful lot to be done -- HIPAA and other healthcare too -- and there are very limited resources. Thanks for asking.

Hal

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Hal Amens Lyon, Popanz & Forester
Designing and implementing projects that solve management problems
Publisher: HIPAA Implementation Newsletter http://lpf.com/hipaa
hal@lpf.com http://lpf.com
310/822-1243 - Pacific Time fax 630/214/2268 cell 310/489-9132

<<<<< Sample Newsletter is below >>>>>>>>>>>>>>>>>>>>

>>> "Hal Amens" <hal@lpf.com> 09/07/01 06:19PM >>>
HIPAA Implementation Newsletter
Issue #17 - September 7, 2001
Web format with links at http://lpf.com/hipaa
Project Management: People || Critical Practices || Program Management || Updates

_____Project Management: People_____

If you are a project manager, a member of a project team or a project manager's boss, read "Getting Others To Meet Deadlines" - Part 1 and 2 by Diana Mekelburg. She is an excellent writer who will make you laugh -- probably at yourself -- and give you some fresh and useful ways of thinking about being a project manager. For openers: "The goal of all project management processes is not to get the work done, but to get other people to get the work done. This is a subtle but important difference. It means that, as project manager, you must rely on other peoples' motivation and self-management. With folks like me working on your project, that can be risky. There are three major sub-processes that help time-aware project managers (you) get non-time-aware people like me (we) to deliver on time: Estimation, Commitment, and Status Reporting."

Diana looks at each of these from the point of view of the "other people" you are relying on to get the work done. The work on your project will get done by them, or it won't. What you think will happen (if you haven't read her articles yet) is irrelevant. Once you have read the articles -- with a little luck -- what you think may be relevant and even useful.

Our favorite part deals with status reports. That will come as no surprise to any of the managers we have worked for: "Let's face it. Status reporting contradicts trust. If you trusted me completely to deliver the right product, on time and within budget, you wouldn't need status reporting. Even if you did trust me, your other

stakeholders (sponsors, executive management, etc.) don't trust you (or me). The reasons for this are: 1. They were developers once themselves and know how tricky software development is. Good intentions don't guarantee product delivery. 2. They were burned before by missed deadlines or cost overruns. 3. They just plain don't trust you. (Rapport is one thing that is sometimes harder to build than software.) So, status reporting is unavoidable." Now that we have gotten that out of the way, we can get on with the project AND status reporting.

In part 2, Diane looks at how most of us deal with *time*. Projects get done (or they fail to get done) in the space of time. Different people think about time differently. That means that other people see project plans and due dates differently and act accordingly. This is particularly important on projects like HIPAA where many of the people we are relying on to meet multiple due dates have additional things to do that they probably consider to be real work.

While you are there, don't miss the "Extreme PM Glossary of Mis-Terms." Some of our favorites:

** Key Take-holders - Project stakeholders who can arbitrarily withhold or take back budget, personnel, or other resources from the project.
** Mis-Communication Plan - A plan to produce reports that no one uses or understands, and to hold meetings that no one attends if they can avoid them.
** Risk Mastication - The practice of chewing on the same old risk list at every review meeting without making progress in mitigating any of the risks identified.
** Post-Project Re-chew - The process of letting everyone rehash the disappointments of the finished project without conducting root cause analysis or committing to improvements

Part 1: http://www.extreme-pm.com/interga1.htm and link to Part 2 from there.
http://www.extreme-pm.com/glossary.htm

For another point of view about status reports:
http://www.dilbert.com/comics/dilbert/archive/dilbert-20010905.html

Diane talks about being a project manager and managing people consistent with effective processes. The rest of this issue isn't near as much fun, but equally useful. It addresses effective project management processes from a couple of sources.

_____Project Management: 16 Critical Software Practices_____

These 16 practices were designed for large software projects, but most of them are relevant for any project including the implementation of HIPAA requirements. Several that are particularly appropriate are:

** Adopt Continuous Program Risk Management: "Risks" are those things that you cannot control and may not even see coming unless you make a special effort. Healthcare, public issues of privacy, statutes and regulations, etc., are changing. Your project needs access to people who have information about the changes that are occurring and what they mean to your project. You may want to consider a "risk team" made up of senior financial, legal, compliance, operations, and technology officers who are your eyes and ears above the edge of the fox hole.

** Treat People As The Most Important Resource: Enough said.

** Manage And Trace Requirements: Why are you doing what you are doing? The correct answer is because there is a business or technical requirement to do it. To which the correct response is "show me."

What is a requirement? A business requirement is something your system or process needs to do to satisfy a business need that is significant enough to justify the cost of development and operation. It is great when satisfying a requirement means your organization will save more money than it costs. However, sometimes it means there are penalties if your organization doesn't do it, like the fines for HIPAA violations, or missed opportunities that are hard to quantify. Decisions about whether or not satisfying a requirement justifies changes in systems and processes should be made by the manager who is responsible for (has the budget for) the project funding.

A technical requirement is something that has to be done a particular way or the system or process won't work (or won't work well). The costs to satisfy technical requirements have to be added back to the cost of satisfying the business requirements that use that technology.

** Define And Control Interfaces: HIPAA is interface intensive. System and process need to move data from an origin point through one or more interfaces to the system or place it will be used. Start with the data and technical requirements for each interface and work backward to see if the required *data is available* in a *format that is useable*, i.e., can be passed from one side of the interface to the other and on to its destination and be used when it gets there. Identify all related interfaces and complete the analysis before design and coding start. Changes cost money. On the other hand, your risk list should include the possibility that interfaces -- particularly those controlled by others -- may change.

** Design Twice, Code Once: Enough said. Except to add that this is particularly true with interfaces.

** Manage Testing As A Continuous Process: The sooner you know you have a problem, the cheaper it is to fix it. Test early, test often. It's cheaper than fixing big problems late in the project.

http://www.spmn.com/16CSP.html

_____Program Management Point of View_____

Your role may be project manager, but your odds of success are greater if you can develop a view of the program. "Program Management--The Secret Weapon of the Successful Project Manager" sums it up this way:

"The best companies are organized so that all of the stakeholders in the company--customers, investors, executives and employees--are in alignment with the goals, values, tactics and strategies of the corporation. The best companies use program management because it's in their DNA. But this is true for maybe 5 percent of the companies in the developed world. Most of us work in organizations that are made up of separate departments or groups that are walled off from each other. Every stakeholder has a different understanding of what's important. Each separate unit has its concerns, but understanding the concerns of other units of the organization as a whole is difficult at best. So if you are a project manager who may not be in one of the best companies in the world and who wants to be perceived as successful, I suggest you quickly understand the goals of the program your project is part of. Learn about the related projects and what the business expects for each project within the program."

http://gantthead.com/Gantthead/articles/articlesDisplayContainer/0,1380,37935,00.html

_____Updates_____

We have created two new Resources pages. All background information and tools related to Privacy and Security are now on one page and those related Project Management are on another.

http://lpf.com/hipaa/privacy-security.html
http://lpf.com/hipaa/project-mgt.html

Executive Questions to Get Started
http://lpf.com/hipaa/r-exec-quest.html

Project Management Resources NOT HIPAA specific [Project Management Resources]
http://lpf.com/hipaa/project-mgt.html#resources-proj-mgt

Be sure you legacy systems support transaction requirements [Tools Resources]
http://lpf.com/hipaa/tools.html#legacy-data-tools

Both our home page http://lpf.com and the HIPAA Past page http://lpf.com/hipaa/past.html have a search capability to help you find something you remember from a prior issue or are hoping we have covered.

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mailto:hipaa@lpf.com?subject=remove
To subscribe, click: mailto:hipaa@lpf.com?subject=subscribe We appreciate it if you include information about your firm and your interests.

 Issues are posted on the Web at http://lpf.com/hipaa concurrent with email distribution. Past issues are also available there. Edited by Hal Amens hal@lpf.com

Information in the HIPAA Implementation newsletter is based on our experience as management consultants and sources we consider reliable. There are no further warranties about accuracy or applicability. It contains neither legal nor financial advice. For that, consult appropriate professionals.

Lyon, Popanz & Forester http://lpf.com is a management consulting firm that designs and manages projects that solve management problems. Planning, program management offices and project management for HIPAA are areas of special interest.